

Site Name: _____ Date: _____

Tell Us What We Can Do For You!

Consumer Needs/Program Interests Survey

Instructions: Please take a few minutes to complete this short survey. Your input is very important to us and will help us develop programs and activities to better meet your needs.

1. What activities do you currently participate at our center?

Check all that you participated in:

___Lunch program ___Bingo ___Trips ___Other: _____

2. What would you like to change about the Meal Program? (Check all that apply)

___ Satisfied, no change recommended

___ Food. I suggest the following changes for the menu:

___ Other, please explain: _____

3. What other activities would you like to participate in at this center?

Check all that you are interested in:

___ Recreation Trips	___ Shopping Trips	___ Cooking
___ Group Exercise	___ Arts & Crafts	___ Board Games
___ Computer Lab	___ Library/Reading	___ Bingo
___ News/Current Events	___ Health Talks	___ Floral Arrangements
___ Movies. What language? _____		
___ Other, please list: _____		

4. Nutrition Education Topics: Check the topics that you are interested in learning more about (✓ all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cooking for One or Two | <input type="checkbox"/> Nutrition & Dental health |
| <input type="checkbox"/> Drug & Diet Interaction | <input type="checkbox"/> Nutrition Basics for Children |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Nutrition & Arthritis Control |
| <input type="checkbox"/> Food Safety & Prevention | <input type="checkbox"/> Understanding Food Labels |
| <input type="checkbox"/> Heart Disease Prevention & Control | <input type="checkbox"/> Vitamins & Supplements |
| <input type="checkbox"/> High Blood Pressure Prevention & Control | <input type="checkbox"/> Physical Fitness & Exercise Nutrition |
| <input type="checkbox"/> Nutrition & Aging | <input type="checkbox"/> Shopping & Eating Out Tips |
| <input type="checkbox"/> Nutrition and Eye Health | <input type="checkbox"/> Healthy Eating on a Low Budget |
| <input type="checkbox"/> Diet and Cancer Prevention | <input type="checkbox"/> Osteoporosis Prevention |
| <input type="checkbox"/> Understanding Fats | <input type="checkbox"/> Understanding Fad Diets |
| <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Weight loss/control |

5. Who is providing you with basic care?

	Self	Family	Friends	Other Provider
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any concerns or what is the biggest concern you have about this center? Check all that apply

___Transportation/getting to center

___Safety/security, please explain:

___Staff, please explain:

___Other, please explain:

7. Gender: ☐ Female ☐ Male

8. Language(s) Spoken: ☐ English ☐ Cantonese ☐ Spanish

☐ Russian ☐ Other: _____

9. Age: ☐ under 60 ☐ 60-69 ☐ 70-75 ☐ 76-79 ☐ 80-85
☐ 86-89 ☐ 90-95 ☐ 96-99 ☐ 100+

Other Comments:

THANK YOU!